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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,217	07/08/2003	Mamoud Sadre		8515
7590 07/14/2008 MAMOUD SADRE 165 TREMONT STREET			EXAMINER	
			POE, KEVIN T	
Unit #203 BOSTON, MA	02111		ART UNIT	PAPER NUMBER
			3693	
			MAIL DATE	DELIVERY MODE
			07/14/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonvious Summary	10/615,217	SADRE, MAMOU	סע
Interview Summary	Examiner	Art Unit	
	KEVIN POE	3693	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>KEVIN POE</u> .	(3) <u>MAMOUD SADRE</u> .		
(2) <u>JAMES KRAMER</u> .	(4)		
Date of Interview: <u>08 July 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	//A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant gave brief over 112 rejections</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
	/James Kramer/ SPE Art Unit 3693		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)